State of Kansas Department of Administration Division of Accounts and Reports DA-121 (Rev. 05-02)

TRAVEL EXPENSE DETAIL

Agency No.	Div. No.	Current Document Number
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Page 1 of 1 PI: Vendor No/Sfx: Employee Name: Job Title: Official Station: Regular Domicile: Travel Order No.: Other Expense Private Departure Arrival Vehicle Lodging Description of Expense Name Date Time Time Miles Destination Meals Amount Amount or Purpose of Travel State Vehicle No. **Total Miles** Rate per Mile Other Exp. Mileage Exp. Meal Exp. Lodging Exp. Document Total Totals Comments: Agency Approvals Claimant Certificiation: I certify that the above claim is correct, due and unpaid, and that the amount claimed herein is actually due according to law. Signature Date